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RURAL DISTRICT OF LAUNCESTON

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR 1950.

To the Chairman and Councillors of the
Rural District of Launceston.

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Mr. Chairman and Councillors,

I have the honour to present the Annual Report on the Health and Sanitary Conditions of the District for the year 1950.

The main problems which the Council has to face are Housing, Water supplies and Sewerage. Progress in all these has been particularly slow, and every effort must be made to speed the plans, which already exist, in order that these wants may be fulfilled as early as possible. The conditions under which some families live are very bad and the cause of much physical inconvenience and mental unhappiness.

Once again I wish to thank the Members of the Council Staff for their helpful co-operation and in particular I wish to thank Mr. T.A. Judd for his great assistance in helping me to prepare this report.

I am, Mr. Chairman and Councillors,

Your obedient Servant,

L.R.K.

Medical Officer of Health.

Health Area Office,
Castle Green,
LAUNCESTON.
September, 1951.

LAUNCESTON RURAL DISTRICT COUNCIL.

CHAIRMAN OF THE COUNCIL :

CHARLES L. SYMONS, ESQ.

VICE-CHAIRMAN OF THE COUNCIL :

GEORGE SANDERCOCK, ESQ.

MEMBERS OF THE PUBLIC HEALTH COMMITTEE :

Messrs. J.F. Arragon, R.T. Bray, E.C. Chudleigh, C. Cook, F. Gillbard, H.W. Gubbin, J.E. Heard, H.R. Jones, G. Sandercock, W.C. Statton, K.J. Uglow, W.H. Veale and C. Venning.

The Chairman is an Ex-Officio Member of the Public Health Committee.

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PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY :

MEDICAL OFFICER OF HEALTH :

L. RICH,

M.B., CL.B., M.R.C.O.G., D.P.H.

Also holds appointments of

Medical Officer of Health, Launceston Borough

" " " Bude-Stratton U.D.

" " " Stratton R.D.

" " " Camelford R.D.

Assistant County Medical Officer.
Assistant School Medical Officer.

SANITARY INSPECTOR :

T.A. JUDD, M.S.I.A.

SANITARY INSPECTOR'S ASSISTANT :

L. W. Blake.

S E C T I O N A.

Social Conditions of Area and Statistics.

SUMMARY OF VITAL STATISTICS	1950	1949
Area in acres	73,051	73,051
Population	6,500	6,496
No.of separate dwellings occupied in 1950	1,978	1,971
Rateable value in 1950	£25,643	£25,606
Product of 1d rate	£104.15/-	£104.17.7d.

Live Births	Male	Female	Total
Legitimate	41(41)	48(47)	89(88)
Illegitimate	1(2)	3(5)	4(7)

Birth rate per 1,000 of population 14.30 (14.62)

Still-births	Male	Female	Total
Legitimate	-(2)	1(1)	1(3)
Illegitimate	-(-)	-(-)	-(-)

Deaths of Infants under 1 year	Male	Female	Total
Legitimate	2(2)	1(-)	3(2)
Illegitimate	-(-)	-(-)	-(-)

Infant Mortality Rate 32.26 (21.05)

Deaths of all causes	Male	Female	Total
	36(39)	44(37)	80(76)

Death rate per 1,000 of population 12.30 (11.69)

(Figures in brackets are for the year 1949)

The Registered causes of death were :-

No.	Causes of death.	Males	Females	Total
1.	Tuberculosis, respiratory	3(1)	-(-)	3(1)
2.	Tuberculosis, other	-(-)	-(-)	-(-)
3.	Syphilitic disease	-(-)	-(-)	-(-)
4.	Diphtheria	-(-)	-(-)	-(-)
5.	Whooping Cough	-(-)	-(-)	-(-)
6.	Meningocal infections	-(-)	-(-)	-(-)
7.	Acute Poliomyelitis	-(-)	-(-)	-(-)
8.	Measles	-(-)	-(-)	-(-)
9.	Other infective and parasite diseases	1(-)	-(-)	1(-)
10.	Malignant Neoplasm, stomach	1(2)	1(1)	2(3)
11.	Malignant neoplasm, lung bronchus	-(-)	-(-)	-(-)
12.	Malignant neoplasm, breast	-(-)	2(1)	2(1)
13.	Malignant neoplasm, uterus	-(-)	1(-)	1(-)
14.	Other malignant and lymphatic neoplasms	4(8)	1(3)	5(11)
15.	Leukaemia, aleukaemia	-(-)	-(-)	-(-)
16.	Diabetes	-(1)	1(-)	1(1)
17.	Vascular lesions of nervous system	1(4)	7(5)	8(9)
18.	Coronary disease, augina	5(-)	4(-)	9(-)
19.	Hypertension with heart disease	-(-)	4(-)	4(-)
20.	Other heart disease	5(15)	11(9)	16(24)
21.	Other circulatory disease	2(2)	1(3)	3(5)
22.	Influenza	1(-)	-(1)	1(1)
23.	Pneumonia	2(1)	2(4)	4(5)
24.	Bronchitis	-(-)	1(1)	1(1)
25.	Other diseases of respiratory system	2(-)	-(1)	2(1)
26.	Ulcer of stomach and duodenum	3(-)	-(-)	3(-)
27.	Gastritis enteritis and diarrhoea	-(-)	-(-)	-(-)
28.	Nephritis and nephrosis	-(-)	-(-)	-(-)
29.	Hyperphasia of prostate	1(-)	-(-)	1(-)
30.	Pregnancy, childbirth, abortion	-(1)	-(-)	-(1)
31.	Congenital malformations	1(1)	-(1)	1(2)
32.	Other defined and ill-defined diseases	2(2)	7(4)	9(6)
33.	Motor vehicle accidents	2(-)	-(-)	2(-)
34.	All other accidents	-(1)	1(2)	-(3)
35.	Suicide	-(-)	-(1)	-(1)
36.	Homicide and operations of war	-(-)	-(-)	-(-)
		36(39)	44(37)	80(76)

(Figures in brackets are for the year 1949)

S E C T I O N B.

General Provision of Health Services.

a. As outlined in previous reports, the free use of the Public Health Laboratories are always available either at Exeter or Truro. In the main, most of the specimens from this district are dealt with at Exeter, and I should like to take the opportunity here of thanking Dr. B. Moore who is in charge of this Laboratory for the excellence of his work and the ready help he always gives.

Regular samples of Water, Milk and Ice Cream are carried out and on the whole the results have been satisfactory.

b. CLINIC FACILITIES

Infant Welfare Clinics. These have continued fortnightly at the Health Clinic Centre in the Castle Green. Many mothers with their children come from quite long distances to attend this Clinic. The number of children seen at the Clinic during the year 1950 was 500.

Much good and useful work continues to be done here, the emphasis being mainly on the Preventive aspect of Medicine. As outlined in the previous report, this involves a good deal of Health Education. There is no immediate measure for assessing the results of our work here, but there is no doubt that our efforts are much appreciated by the mothers and their young children.

Orthopaedic Clinic. This is a Clinic organised by the Plymouth Special Management Committee for Orthopaedic cases, and is held weekly at the Castle Green. This Clinic was formerly organised and staffed from Exeter, but during the year a change-over to Plymouth was effected. This appears to have gone smoothly, mainly due to the interest maintained in the Clinics by Mrs. Soper.

Eye Clinics. Eye Clinics have been held regularly at the

Health Clinic Centre during the year for the treatment of errors of refraction amongst school-children. An Eye Specialist from Plymouth conducts this Clinic and by this means a good deal of transport is saved, as these cases would otherwise have had to be transported further afield.

Dental Clinic. Since making my last report we are still without a regular School Dentist. Discussions are at present in progress with the Local Executive Council to see whether the Dentists in this Area could set aside certain periods for the treatment of school-children. If this could be arranged, those children seen by the School Medical Officer who in his opinion require urgent Dental attention, would then have some priority. The scheme would depend on the full co-operation of the School Health Service with the local Dentists.

c. AMBULANCE SERVICE

The Ambulance Service was heavily engaged during the year. Our main Hospital centres are situated up to 25/30 miles from the Rural District which necessitates a large amount of travelling. Much of this could be overcome if the Launceston Cottage Hospital could be developed to provide more services. If adequate X-Ray and Radiotherapy units were made available, a fair proportion of the mileage now done would be cut out and this would result not only in financial saving, but also would be much more convenient for the patients.

To give the Council some indication of the work and mileage involved, the Launceston Ambulances during 1950 conveyed 993 patients a distance of 42,775 miles.

It is not possible to separate out precisely the individual journeys to hospital from our District, but over the

whole area, which includes Bude, Stratton, Launceston and Camelford, the number of patients conveyed during the year was 1,376, a distance of 65,800 miles, or an average of 47 miles per patient. From these figures the Council will realise the great disadvantage we experience owing to our remoteness from hospital and treatment centres, and why it is recommended that the local hospital should be developed as much as possible to give the public more facilities.

d. HOSPITAL CAR SERVICE. Much of what has been said about the Ambulance Service applies to the Hospital Car Service. The Utilecon Ambulance which is situated in Launceston for conveying the sitting type of case has been a most valuable asset in the District. In addition to the use of this vehicle, we also use private cars to convey cases to hospital where this is appropriate.

The Launceston Utilecon Ambulance during the year 1950 conveyed 1,661 patients, a distance of 55,502 miles, to hospital. It must be pointed out that these figures include patients from the Camelford Area. Here again private cars and Utilecons have to be brought in from other stations to cope with the work of the whole district.

In order that the Council may have some idea of the work done for the sitting type of case, the number of patients conveyed to hospital for the whole area was 4,687 patients, a distance of 160,373 miles, or an average of 34 miles per patient. Here again, if more local facilities were provided, a great saving in transport could be effected.

e. REGIONAL HOSPITAL BOARD. A Maternity Home is to be provided for the use of patients in this area at Old Tree House, Trebursye.

It does not seem likely, however, that this Home will be ready for occupation before 1952.

S E C T I O N C.

SANITARY CIRCUMSTANCES

Drainage and Sewerage

(a) The Village of Trewint was provided with a sewer and sewage disposal plant. The length of 6" sewer laid being 389'0".

(b) Number of existing houses provided with new drainage systems and waterborne sanitation. 27

(c) New houses (excluding Council houses) provided with waterborne sanitation 7

(d) Number of inspections and tests 112

(e) The Ministry of Health approved the North Hill Village Sewerage and Sewage Disposal Scheme and authority has been received for the Council to invite tenders.

Water Supply

(a) A scheme to supply the villages of Egloskerry and Langore with a piped supply of water at an estimated cost of £7,000 was submitted to the Ministry of Health for approval.

(b) A scheme to supply the village of South Petherwin with a piped supply of water at an estimated cost of £5,670 was submitted to the Ministry of Health for approval.

(c) Adequacy of Supply. Existing well supplies continue to be inadequate whilst many supplies are heavily polluted.

(d)

Samples taken for bacteriological analysis	96
Satisfactory samples with a faecal coli count of 5 or less per 100 ml.	41
Samples with a faecal coli count of 0 per 100 ml	26
Unsatisfactory samples	55
Faecal coli count of between 5 and 10 per 100 ml	7
" " " 10 and 25 " " "	8
" " " 25 and 50 " " "	5
" " " 50 and 180 " " "	11
" " "180+ " " "	24

(e) No further progress has been made with the proposed Joint Borough and Rural Scheme and the present policy of the Council is to provide small independent schemes for various villages. Whilst these village schemes are likely to be cheaper than the large scheme and are needed urgently they are not likely to be of great assistance to agriculturalists in the district.

SECTION D

HOUSING.

(a)	Council houses completed during year	6
(b)	Private enterprise houses completed during year	4
(c)	Number of applicants on Council waiting list	113
(d)	Number of houses completed since 1945 Permanent	51
	Temporary	4
(e)	(1) No.of Closing Orders under Section 12, Housing Act, 1936	Nil
	(2) Demolition Orders under Section 11, Housing Act, 1936	1
	(3) Notices under Section 9, Housing Act, 1936	Nil
	(4) Notices under Section 39, Public Health Act, 1936	1
	(5) Notices under Section 49, Public Health Act, 1936	1
	(6) Notices under Section 93, Public Health Act, 1936	1
	(7) Notices under Section 290, Public Health Act, 1936	1
	(8) Informal Notices	13

Section 25, Housing Act, 1949.

Applications received	6
Applications approved	1
Applications refused	1
Applications withdrawn	2
Applications still under consideration	2

Caravans

Licences under Section 269 of the Public Health Act, 1936 have been granted in respect of six caravans.

SECTION E

INSPECTION OF FOOD

During the year the Council made Byelaws under Section 15 of the Food and Drugs Act, 1938 with regard to the cleanly conditions in connection with the handling, wrapping and delivery of food.

There are in the district the following :-

1.	Catering establishments	13
2.	Butchers shops	10
3.	Grocers shops	27
4.	Bakeries	Nil

These shops and establishments are kept clean and satisfactory. The majority of the grocers are small shops used as general stores.

Milk Supplies.

Two supplementary licences for the retail of Pasteurised milk have been issued by the Council.

With the exception of the above there are no dairies in the district, all the purveyors of milk come under the heading of producer - retailers and are therefore under the control of the Ministry of Agriculture and Fisheries. As no notification is received from the Ministry of Agriculture and Fisheries or County Council when designated milk licences are issued it is not possible to give information with regard to Tuberculin Tested or Accredited producers.

Ice Cream.

There is a model Ice Cream Factory situated at Trebursye where conditions are excellent.

Number of retailers of ice cream 7

41 samples of ice cream were subjected to the Methylene Blue Test with the following results :-

Grade 1	...	18
Grade 2	...	10
Grade 3	...	9
Grade 4	...	4

SECTION F

Prevalence and Control of Infectious and other Diseases.

For purposes of comparison, the prevalence of Infectious diseases in the adjoining Districts are given :-

AUTHORITY	Whooping Cough	Measles	Scarlet Fever	Pneumonia	Erysipelas	Diphtheria	Poliomyelitis (Paralytic)	Poliomyelitis (non-paralytic)	Acute Encephalitis	Meningocal Infection	Food Poisoning	TOTAL
Launceston Rural Dist.	18	1	2	1	1	2	1	-	-	-	-	26
Launceston Borough	13	-	-	2	2	-	2	1	-	-	-	20
Bude/Stratton Urban Dist.	1	1	5	2	-	-	5	2	1	-	1	18
Camelford	13	3	9	13	3	-	1	-	-	-	9	51
Stratton Rural District	19	-	3	7	1	-	6	4	-	1	-	41
TOTAL	64	5	19	25	7	2	15	7	1	1	10	156

It will be noticed that the incidence of Infectious Disease has been small, and with the exception of Poliomyelitis, it would have been a good year. We are still very much in the dark with respect to this disease, particularly as to the manner in which it is carried about and spread.

The Committee may be interested to learn that in the Bude Urban District and Stratton Rural District, where the incidence was much higher, research has been carried out to see whether the virus can be detected in the sewers. Large numbers of swabs have been suspended at various points for 48 hours and then transmitted to the Medical Research Laboratory in London, where subsequent injections were made in monkeys. So far, however, we have not been able to detect the virus outside the body.

TUBERCULOSIS

The preventive aspect of this disease is now beeing seriously tackled. All contacts of cases of Tuberculosis are tested by means of special skin tests, and if suitable, will be protected against Tuberculosis by the use of B.C.G. Vaccine. This Vaccine is a modified form of the Tuberculosis germ which is harmless in itself but when injected is capable of enabling any individual to resist the disease.

The Council must remember too that special consideration must always be given in the question of re-housing where a case of Tuberculosis occurs in a family. Inadequate housing is without doubt one of the most likely methods of spreading Tuberculosis.

DIPHTHERIA IMMUNISATION AND VACCINATION

For purposes of comparison the figures of the whole are given. During the year 1950 the number of Diphtheria Immunisations and Vaccinations in the whole area were :-

AUTHORITY	VACCINATIONS	IMMUNISATION	BOOSTERS
Launceston Rural Dist.	29	52	45
Launceston Borough	20	35	51
Stratton Rural District	29	61	53
Bude Urban District	45	39	30
Camelford Rural District	35	73	22